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	for form 1449/PTO			Complete if Known		
				Application Number	10/699,621	
INFO	RMATION	DIS	CLOSURE	Filing Date	10/31/2003	
STA	TEMENT B	BY A	PPLICANT.	First Named Inventor	Shackelford, et al.	
	(Use as many she			Art Unit	3652	
	(Use as many sne	eis as n	ecessary)	Examiner Name		
Sheet	1	of	1	Attorney Docket Number	1998	

Examiner	Cite	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of	
Initials*	No.¹	the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T²
		Squeeze Tube Filling Equipment, Item Number LVF RT 40, distributed by Prosys	
JEV		Innovative Packaging Equipment, 422 East 17th Street, Webb City, Missouri 64870.	
121		Squeeze Tube Filling Equipment, Item Number LVF RT 70, distributed by Prosys	
) fel		Innovative Packaging Equipment, 422 East 17th Street, Webb City, Missouri 64870.	
		Automatic Squeeze Tube Filling Equipment, Item Number LVF RT 140, distributed by	
JFW		Prosys Innovative Packaging Equipment, 422 East 17th Street, Webb City, Missouri 64870.	
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Examiner		L 1	ス	1///	Date	. ! /
Signature		KIN	7	Valeny	G Considered	12/6/04

*EXAMINER: Initial-HTelerence considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

Applicant's unique citation designation number (optional). 2 Applicant is to place a check mark here if English language Translation is attached.

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